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CENTRAL FAX CENTER****AUG 03 2005****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE****Applicant(s): Gupta****Application No.: 09/213,613****Filed: 12/18/1998****Title: Messaging Mechanism for Inter Processor
Communications****Attorney Docket No.: 19898/5 130-001****Group Art Unit: 2157****Examiner: Donaghue****Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450****RESPONSE AFTER FINAL****Dear Sir:**

In response to the Office Action of June 15, 2005, please amend this application as follows:

Amendments to the claims are reflected in the listing of claims beginning on sheet 2 of this paper.

Remarks begin on sheet 5 of this paper.

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CENTRAL FAX CENTER****AUG 03 2005**

PTO/SB/97 (09-04)

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09/213613

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Transmittal XZ

2pp

Amendment

After Final

8pp

total

11pp

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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small> <small>Total Number of Pages in This Submission</small>	Application Number	09/213,613
	Filing Date	12/18/1998
	First Named Inventor	Gupta
	Art Unit	2157
	Examiner Name	Donachue
	Attorney Docket Number	130-001

ENCLOSURES <small>(Check all that apply)</small>		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD <input type="checkbox"/> Remarks	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name Steubing McGuinness & Manaras LLP		
Signature <i>Mary Steubing</i>		
Printed name Mary Steubing		
Date 8-3-05	Reg. No.	37,946

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